

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

14445

2184

FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 38 yrs.		e. STREET ADDRESS (If rural, give location) 2905 Forest Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		3428	
3. NAME OF DECEASED (Type or Print) Cora P. PROPP		4. DATE OF DEATH (Month) (Day) (Year) April 24, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-28-82
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	11. BIRTHPLACE (City and State or Foreign Country) Ohio
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. A. Nussbaum		13b. MOTHER'S MAIDEN NAME Anna E. - -	
14. NAME OF HUSBAND OR WIFE Geo. B. Propp		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Wm. H. Poland, Wadsworth, Ohio	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of duodenum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with extensive DUE TO (c) metastases II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19. DATE OF OPERATION 3/17/53		19b. MAJOR FINDINGS OF OPERATION Abdominal Carcinomatosis	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 175X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 8:30	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heart failure	
22. I hereby certify that I attended the deceased from 3-16 , 1953, to 4-24 , 1953, that I last saw the deceased alive on 4-24 , 1953, and that death occurred at 8:30 m., from the causes and on the date stated above.			
23a. SIGNATURE J. S. Cope		23b. ADDRESS Kansas City, Mo.	
23c. DATE SIGNED 4/25/53		24. NAME OF CEMETERY OR CREMATORY Uhrichville, Ohio	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-26-53	
24c. NAME OF CEMETERY OR CREMATORY Uhrichville, Ohio		24d. LOCATION (City, town, or county) (State) Uhrichville, Ohio	
DATE REC'D BY LOCAL REG. 4-25-53		REGISTRAR'S SIGNATURE Heraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Cope
Prof. Bg. 2 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur Eugene Clark

Licensed Embalmer No. 4912

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.